

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: Public Libraires of Saginaw

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: 505 Janes Ave., Saginaw, MI 48607

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** James Veneziano

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):
James Veneziano, Public Libraries of Saginaw, 505 Janes Ave., Saginaw, MI 48607

Telephone Number of Designated Agent: (517) 755-0904 ext. 840

Facsimile Number of Designated Agent: (517) 755-9833

Email Address of Designated Agent: jvenezia@vlc.lib.mi.us

Signature of Officer or Representative of the Designating Service Provider:
_____ **Date:** 3-5-99

Typed or Printed Name and Title: James Veneziano, Library Automation Specialist

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.**



RECEIVED

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